

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002340

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE OKEECHOBEE MEDICAL OFFICE ASSOCIATION II, INC.

**Current Principal Place of Business:**

N.E. 19TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1508  
OKEECHOBEE, FL 349731508 US

**New Mailing Address:**

**FEI Number:** 59-3310780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARRIETA, ROBIN G  
1796 HWY 441 NORTH  
OKEECHOBEE, FL 349721918 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIGALOW, DAVID MD  
Address: 215 N.E. 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VPD ( ) Delete  
Name: NAEEM, TAHIR MD  
Address: 265 NE 19TH DR.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: STD ( ) Delete  
Name: HUSSAIN, ANJUM MD  
Address: 255 NE 19TH DR  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: LEE, ROBERT H CEO  
Address: 1796 HWY 441 NORTH  
City-St-Zip: OKEECHOBEE, FL 349721918 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SIGALOW, M.D.

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date